

FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3657

State File No. _____
Registrar's No. 250

Registration District No. _____ Primary Registration District No. 210

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Rural (Meramec Township)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
In this community 16 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Rural (Near Crover)
(If outside city or town limits, write "RURAL")
(d) Street No. Highway # - 50
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Cladys M. Schmidt

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 19 1925
(Month) (Day) (Year)

8. AGE: Years 16 Months 9 Days 11
If less than one day hr. _____ min. _____

9. Birthplace St. Louis Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business At home

12. Name Fred J. Schmidt

13. Birthplace St. Louis Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ellen M. Niere

15. Birthplace St. Louis Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Fred J. Schmidt
(b) Address Glencoe Mo. R. # - 1

17. (a) Burial (b) Date thereof Feb. 1 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. John Cem. Ellisville

18. (a) Signature of funeral director Schrader Funeral Home
(b) Address Ballwin, Mo.

20. DATE OF DEATH: Month Jan. day 30
year 1942 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from June 1st, 1942, to January 30, 1942; that I last saw her alive on January 30, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation

Due to Chronic nephritis with edema

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature B. R. Loving (M. D. or other) P. M.D.

Address Ballwin, Mo. Date signed 1-31-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

600

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Geo. Schieder

Licensed Embalmer No. *3066*

P. O. Address *Dalwin, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.